

## DEPARTMENT OF CORRECTIONS

## Nursing Observations

(check only those which apply)

Date 2-5-02

Shift D E N D E N

6

D E N D E N

7

D E N D E N

8

D E N D E N

9

D E N D E N

10

D E N D E N

11

D E N D E N

ambulant

✓

✓

✓

✓

C

with assistance

O

up in chair

N

bed rest

D

good

I

fair

✓

✓

✓

✓

T

unchanged

I

depressed

o

irritable

N

confused

serious

uncooperative

side rails

up

down

SLEEP

good

✓

✓

✓

✓

restless

APPE-

good (80-100%)

✓

✓

✓

✓

TITE

fair (30-80%)

poor (0-30%)

refused

D

regular

✓

✓

✓

✓

I

diabetic

E

liquid

T

dialysis

FOR PROFESSIONAL USE ONLY  
CONFIDENTIAL RECORD  
NOT TO BE PHOTOGRAPHED

M

taken as ordered

✓

✓

E

refused

D's

absent from pill call

S

rash

K

edema

I

warm &amp; dry

✓

✓

✓

✓

N

BATH self

assist

ELIMI-

foley

B

B

B

B

NATION

incontinence

R

R

R

R

urine

P

P

P

P

feces

NAME (LAST, FIRST, MIDDLE)

D.O.B.

AGE

R/S

AIS NUMBER

INST

Wright Richard

/ /

187140

KCP

**DAILY PATIENT ASSESSMENT  
DEPARTMENT OF CORRECTIONS**

Jail

**Nursing Observations**

'check only those which apply)

	Date	20	21	22	23	24	25	26
	Shift	D	E	N	D	E	N	D
C	ambulant		✓					
O	with assistance							
N	up in chair							
D	bed rest							
I	good		✓					
T	fair							
I	unchanged							
O	depressed							
N	irritable							
N	confused							
S	serious							
S	uncooperative							
S	side rails							
S	up							
S	down							
SLEEP	good		✓					
SLEEP	restless							
APPE-	good (80-100%)		✓					
TITE	fair (30-80%)							
	poor (0-30%)							
	refused							
D	regular		✓					
I	diabetic							
E	liquid							
T	dialysis							
M	taken as ordered							
E	refused							
D's	absent from pill call							
S	rash							
K	edema							
I	warm & dry							
N								
BATH	self							
	assist							
ELIMI-	foley	/						
NATION	incontinence	/						
	urine							
	feces							

~~FOR PROFESSIONAL USE ONLY  
CONFIDENTIAL RECORD  
NOT TO BE PHOTOCOPIED~~

NAME (LAST, FIRST, MIDDLE)

Wright, Richard 8/15/67 34 D/M 187140 K.C.F.

D.O.B.

AGE

R/S

AIS NUMBER

INST

**Nursing Observations**

(check only those which apply)	Date	20	21	22	23	24	25	26
Shift	D	E	N	D	E	N	D	E
VS	temperature							
	pulse							
	respiration							
	blood pressure							
	weight							
I N T A K E	days							
	evening							
	nights							
E 24hr total								
O U T P U T	days							
	evening							
	nights							
	24hr total							
O T H E R								
MD visited								
nurses initials		bj		ms				
nurses signature								

**WEEKLY SUMMARY**

Days \_\_\_\_\_

---



---



---



---

Evening \_\_\_\_\_

---



---



---



---

Nights \_\_\_\_\_

---



---



---



---



PRISON  
HEALTH  
SERVICES  
INCORPORATED

### PHYSICIANS' ORDERS

<p>NAME: Wright, Richard #187140 D.O.B. 8/15/67 ALLERGIES: NKDA Use Last Date 6/7/05</p>	<p>DIAGNOSIS (If Chg'd) ✓ for Eye glasses orders Benzoyl peroxide topical daily x 3 day Back and knee Exercises daily x 6 mo 100 mg (disperse brochure) Tylenol 500 mg tab i Bid PRN x 5 day <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Wright, Richard #187140 D.O.B. 8/15/67 ALLERGIES: NKDA Use Fourth Date 5/16/05</p>	<p>DIAGNOSIS (If Chg'd) Benzoyl peroxide topical daily x 3 day PRN PRN <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Wright, Richard #187140 D.O.B. 8/15/67 ALLERGIES: NKDA Use Third Date 5/5/05</p>	<p>DIAGNOSIS (If Chg'd) MA - for ? dysrhythmia - + Reality Testing - <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Wright, Richard #187140 D.O.B. 8/15/67 ALLERGIES: NKDA Use Second Date 5/5/05</p>	<p>DIAGNOSIS (If Chg'd) SIP 1 YR due 02-05 OPTOMETRY Consult for blurred vision CTM - 8 mg P.O. HS x 2 WEE Pseudofed 60 mg P.O. HS x 2 WEE <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Wright, Richard #187140 D.O.B. 8/15/67 ALLERGIES: NKDA Use First Date 4/26/05</p>	<p>DIAGNOSIS HIV/RPR - EKG TB skin test FOR PROFESSIONAL USE ONLY - per APY CONFIDENTIAL RECORD ✓/o Dr. Rayapati/Chtuter, LPN <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>

MEDICAL RECORDS COPY

**PHYSICIANS' ORDERS**

NAME:	DIAGNOSIS (If Chg'd)		
	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
D.O.B. / /			
ALLERGIES:			
Use Last Date / /			
NAME:	DIAGNOSIS (If Chg'd)		
D.O.B. / /			
ALLERGIES:			
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: Wright Richard 181140	DIAGNOSIS (If Chg'd) Benzyl (2oz 10% QD X 1 month Hx Motrin 200mg IT po BID X 1 month Pre Salapil 1 po BID X 3 days discussed labs and X-ray results R+C PRN		
D.O.B. 8/15/67			
ALLERGIES: Tylenol; PPD Mantoux			
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: Wright, Richard 181140	DIAGNOSIS (If Chg'd) No Smoking Profile 60 days		
D.O.B. 8/15/67			
ALLERGIES:			
Use Second Date / / 3/21/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		
NAME: [REDACTED]	DIAGNOSIS ① Oxy Day Skell ② Dihydro 80 mg po TX 70 pm ③ Benzy peroxide 1 oz		
D.O.B. / /			
ALLERGIES:			
Use First Date 2/25/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED		



PRISON  
HEALTH  
SERVICES  
INCORPORATED

FOR PROFESSIONAL USE ONLY  
PHYSICIANS' ORDERS  
~~CONFIDENTIAL RECORD~~

NAME:

*[Signature]*  
D.O.B. / /  
ALLERGIES: M28U?

DIAGNOSIS (If Chg'd)

 NOT TO BE PHOTO COPIED

O Oily skin  
O Eye doctor  
adult po po 2118/18

 GENERIC SUBSTITUTION IS NOT PERMITTED

Use Last Date / /

NAME: Wright, Richard

187140

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

NAME: Wright, Richard

187140

D.O.B. / /

ALLERGIES: 1/25/00

Use Third Date / /

NAME: Wright, Richard

187140

D.O.B. 8/15/67

ALLERGIES: NKA

Use Second Date 12/23/04

NAME: Wright, Richard

187140

D.O.B. 8/15/67

ALLERGIES: NKA

Use First Date 12/17/04

DIAGNOSIS (If Chg'd)

O Adult soap & dx (0)  
O Annual Bod x 100 pm

 GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

noted TTx 200  
O Deep Rx 100 x 100  
1/25/00 Adult soap & dx x 100  
@ 0900

 GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd) headache, temp 100

- Tylenol 500mg if T. TID pm x 14 days  
- Motrin 300mg TID Rx x 14 days  
noted  
Cleef 1/23/04 @

 GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS

(1) Anusol Rectal Supp + (R) BID x 7 days  
12/17/04 V.O. Dr. Siddiq NJT,RN (7/2004, RN)

 GENERIC SUBSTITUTION IS NOT PERMITTED

**PHYSICIANS' ORDERS**

NAME: Wright, Richard  
187140 12/14/04

D.O.B. 8/15/67

ALLERGIES: NKA

Use Last Date 12/14/04

DIAGNOSIS (If Chg'd)

① Bladder infection x 100

② maxillary sinusitis x 100  
noted cold p/n

GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

① Bladder infection x 100

② maxillary sinusitis x 100

③ Anemia x 100

④ Gout x 100

GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

① Bladder infection x 100

② maxillary sinusitis x 100

③ Eye doctor E/E

GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS (If Chg'd)

① Bladder infection x 100

② maxillary sinusitis x 100

③ maxillary sinusitis x 100

GENERIC SUBSTITUTION IS NOT PERMITTED

DIAGNOSIS

① Shampoo Proline x 60 days

② Antifungal cream x 20 days

**FOR PROFESSIONAL USE ONLY**  
**CONFIDENTIAL RECORD**  
**DO NOT COPY**

GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Wright, Richard  
#187140

D.O.B. 8/15/67

ALLERGIES: NKA

Use Fourth Date 11/24/04

NAME:

D.O.B. / /

ALLERGIES: / /

Use Second Date / /

NAME: Wright, Richard

D.O.B. 8/15/67

ALLERGIES: / /

Use First Date 11/18/04

**PHYSICIANS' ORDERS**

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Third Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Second Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Wright, Richard  
#187140

DIAGNOSIS

Benzyl Benzoate to affected area x 20 days 120g  
Iherus Purple x 20 days  
Cetiphonal Cc to affected area x 20 days KOP

D.O.B. 11/15/67

ALLERGIES: MCA

Use First Date 11/16/04

 GENERIC SUBSTITUTION IS NOT PERMITTED



FOR PROFESSIONAL USE ONLY  
CONFIDENTIAL RECORD

NO THE PHS TO COPIED

### PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
7/2/05 / 9:11 a.m.	Wright, Richard #187140	8/15/67
WT, 181 LBS	B/p $\frac{11}{80}$ T98.6 P58 R20	
	C/O blurry vision, head aches and feet pain 37 BM fr C10 to nose	
	State Blurred vision from Hx of head trauma in Bullock CC	
	eyes blurred in am & clearly during day A1S> C10	
	B/L foot pain while a foot in kitchen work	
	TM uss now Ambulation 5 diff. cely	
	MEENT OD Extropic os use Glasses on order	
PHYS 7/2/05	C or R eye	Last Eye exam
ac	Congr	OD 20/70
7/15/05	Ext O/ECC feet & fallen arches 2-150	
w/ 7/23/05	hard callus to front bottom foot XRAY showed	
PM w/w	OS was noted Open gonococcal 7/05 WNL	
	funic Shoes in bad shape & bottom soles	
	coming apart on f Shoes	
A	Hx Head trauma	
	HTA - tension B/L foot pain	
P	OK in master lock X 1 yr	
E	1 PR Arch support & 6 month	
	Motrin 200 mg TI p/B 15X Soak Pw	
	Safety: Ric PPN Play & Card	
	8/5/05 / Chart reviewed in Condition do not need long term not need to see Nsaid to	

Date/Time

Inmate's Name:

Wright Richard # 189140

D.O.B.: 8/15/67

8/18/05-9:40 am wt. 186# T 97.8 B/P 110/70 R 20 P 60  
c/o inmate (both) feet

(a) feet hurts

has normal feet

is very mild flat arch.

(x) flat arches mild

but functional

(p)弓toes

(s) Reg. Sover-

S

FOR PROFESSIONAL USE ONLY  
**CONFIDENTIAL RECORD**  
NOT TO BE PHOTOCOPIED